# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2012**
**Secretary of State**

DOCUMENT# P06000069421

**Entity Name:** CALVINELLE CARE CONCEPT, INC.

**Current Principal Place of Business:**

6151MIRAMAR PARKWAY
310
MIRAMAR, FL 33023

**New Principal Place of Business:**

6151 MIRIMAR PARKWAY
310
MIRAMAR, FL 33023

**Current Mailing Address:**

6151 MIRAMAR PARKWAY
310
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number: 20-4935463** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNN, GAYON D
6151 MIRAMAR PARKWAY
310
MIRAMAR, FL 33023 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DPVP
Name: DUNN, GAYON D
Address: 6151 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33023

Title: ST
Name: DUNN, GAYON D
Address: 6151 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33023

Title: VP
Name: BROWN, CALVIN
Address: 6151 MIRAMAR PARKWAY # 310
City-St-Zip: MIRAMAR, FL 33023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAYON DUNN PRES 04/15/2012

Electronic Signature of Signing Officer or Director — Date